

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF MISSOURI

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Restorative Brain Clinic, Inc.

2. All other names debtor used in the last 8 years
Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 83-0518778

4. Debtor's address
Principal place of business
9229 Ward Parkway, Ste. 104
Kansas City, MO 64114
Number, Street, City, State & ZIP Code
Jackson
County
Mailing address, if different from principal place of business
P.O. Box, Number, Street, City, State & ZIP Code
Location of principal assets, if different from principal place of business
Number, Street, City, State & ZIP Code

5. Debtor's website (URL) https://www.restorativebrain.com/

6. Type of debtor
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify:

Debtor Restorative Brain Clinic, Inc. Case number (if known) _____
Name

7. Describe debtor's business A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6211

8. Under which chapter of the Bankruptcy Code is the debtor filing? Check one:

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. Check **all** that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?
If more than 2 cases, attach a separate list.

- ☒ No.
☐ Yes.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **Restorative Brain Clinic, Inc.**
Name

Case number (if known)

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☒ No
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	Relationship
District	Case number, if known
_____	_____
_____	_____

11. Why is the case filed in this district?
- Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?
- ☒ No
☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention?** (Check all that apply.)
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____
- Where is the property?** _____
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds
- Check one:
- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|--|--|

Debtor

Restorative Brain Clinic, Inc.

Case number (if known)

Name

☐ \$50,001 - \$100,000☐ \$10,000,001 - \$50 million☐ \$1,000,000,001 - \$10 billion☐ \$100,001 - \$500,000☐ \$50,000,001 - \$100 million☐ \$10,000,000,001 - \$50 billion☐ \$500,001 - \$1 million☐ \$100,000,001 - \$500 million☐ More than \$50 billion

Debtor **Restorative Brain Clinic, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **July 13, 2021**
MM / DD / YYYY**X /s/ William (Bill) Said**

Signature of authorized representative of debtor

William (Bill) Said

Printed name

Title **President****18. Signature of attorney****X /s/ Ryan A. Blay**

Signature of attorney for debtor

Date **July 13, 2021**

MM / DD / YYYY

Ryan A. Blay KS-001066

Printed name

WM Law, PC

Firm name

**15095 West 116th Street
Olathe, KS 66062**

Number, Street, City, State & ZIP Code

Contact phone **(913) 422-0909**Email address **bankruptcy@wagonergroup.com****KS-001066 MO**

Bar number and State

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Western District of Missouri

In re Restorative Brain Clinic, Inc.

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	\$300 per hour for attorneys; \$125 per hour for paralegals and law clerks, not in the nature of clerical work
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Prior to the filing of this statement I have received	\$	\$8,262.00
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Balance Due	\$	\$300 per hour for attorneys; \$125 per hour for paralegals and law clerks, not in the nature of clerical work
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2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, or any other adversary proceeding.

In re Restorative Brain Clinic, Inc.
Debtor(s)

Case No. _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)
(Continuation Sheet)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

June 29, 2021

Date

/s/ Ryan A. Blay

Ryan A. Blay KS-001066

Signature of Attorney

WM Law, PC

15095 West 116th Street

Olathe, KS 66062

(913) 422-0909 Fax: (913) 428-8549

bankruptcy@wagonergroup.com

Name of law firm

Fill in this information to identify the case:

Debtor name Restorative Brain Clinic, Inc.

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on July 13, 2021

X /s/ William (Bill) Said

Signature of individual signing on behalf of debtor

William (Bill) Said

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Restorative Brain Clinic, Inc.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF MISSOURI**

Case number (if known): _____

☐ Check if this is an
amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
ADP 16011 College Blvd. Lenexa, KS 66219		services performed				\$2,300.00
Ameris Bank Corp. 285 S Broad St. Ellaville, GA 31806		judgment in Jackson County Circuit Court Case No. 1916-CV22821; equipment as collateral		\$80,569.33	\$45,000.00	\$35,569.33
Ascentium Capital, LLC Dressler Peters, LLC 901 E. St. Louis St, Ste. 200 Springfield, MO 65806		Sciex 4500 machine		\$220,000.00	\$180,000.00	\$40,000.00
BANK OF AMERICA PO BOX 982238 El Paso, TX 79998-2238		overdrafted bank accounts				\$1,100.00
Bank of Blue Valley 11935 Riley Overland Park, KS 66225		UCC File Number 1808011812370 All assets of Debtor Without Lender/Secured Party's written approval, Borrower/Debtor/Grantor will not pledge, factor		\$22,500.00	Unknown	Unknown

Debtor **Restorative Brain Clinic, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
CT Lien Solutions PO Box 3248 Houston, TX 77253-3248		The equipment, personal prooerty and other assets (collectively, 'Property'), financed under, covered by or described in the lease, rental equipment f		Unknown	Unknown	Unknown
CT Lien Solutions PO Box 3248 Houston, TX 77253-3248		The equipment, personal property and other assets (collectively, 'Property'), financed under, covered by or described in the lease, rental equipment f		Unknown	Unknown	Unknown
De Lage Landen Financial Services, Inc. 1111 Old Eagle School Road Wayne, PA 19087		The equipment, personal property and other assets (collectively, "Property"), financed under, covered by or described in the lease, rental, equipment		\$150,000.00	Unknown	Unknown
Dr. Hemant Thakur 13425 73rd Ave N Seminole, FL 33776		back wages from 2020				\$120,000.00
Dr. Mahmoud Wahba 8009 West 113th Terrace Overland Park, KS 66210		Judgment in Jackson County, Missouri Circuit Court Case No. 1916-CV29449				\$91,600.00
Gary Neilsen 14512 Grandview St. Overland Park, KS 66221		loan(s) to business				\$40,000.00
Internal Revenue Service Centralized Insolvency Ops Post Office Box 7346 Philadelphia, PA 19101-7346		2019 tax liabiltiies				\$19,300.00

Debtor **Restorative Brain Clinic, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
LHRET Ascension SJ, LLC c/o Troppito Miller Griffin 105 E Fifth St, Ste. 500 Kansas City, MO 64106		2116-CV05550 - LHRET ASCENSION SJ, LLC V RESTORATIVE BRAIN CLINIC				\$83,000.00
Missouri Department of Revenue PO Box 475 Jefferson City, MO 65105-0475		2019 tax returns				\$2,100.00
Round Table Financial 610 Newport Center Dr. Ste. 1250 Newport Beach, CA 92660		UCC File No. 1809131999391 line of credit - invoice factoring "All present and future assets of debtor, wherever located, together with all procee		\$140,000.00	Unknown	Unknown
Small Business Administration (SBA) District Counsel 220 West Douglas Ave, Ste. 450 Wichita, KS 67202		PPP loan(s) - Debtor is seeking forgiveness of both loans	Unliquidated			\$0.00
Thermo Fisher Scientific 168 Third Ave. Waltham, MA 02451		goods provided				\$21,000.00
William Said 16260 High Drive Stilwell, KS 66085		loans to business				\$204,000.00

**United States Bankruptcy Court
Western District of Missouri**

In re **Restorative Brain Clinic, Inc.**

Debtor(s)

Case No.
Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Arthur Still 9813 Betsy Ross Court Liberty, MO 64068			3.5%
Barry Land 12807 W 122nd Terr Overland Park, KS 66213			15%
Deana Pugel 8000 W. 127th St. Overland Park, KS 66213			6.6%
Dr. Johnathan Downar 62 Old Orchard Rd Carrying Place, Ontario Canada KOKIL0			5%
FISH 13902 West 108th St. Lenexa, KS 66215			5%
Gary Neilsen 14512 Grandview St. Overland Park, KS 66221			19%
Mark Osborne address unknown			.3%
Scott Jones 9246 Falcon Ridge Dr. Lenexa, KS 66220			10%
Tom McNally 4195 15th Side Road King City Ontario L7B 1K4			8%
William Said 16260 High Drive Stilwell, KS 66085			27.6%

In re: Restorative Brain Clinic, Inc. Case No. _____
Debtor(s)

LIST OF EQUITY SECURITY HOLDERS
(Continuation Sheet)

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
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DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date July 13, 2021 Signature /s/ William (Bill) Said
William (Bill) Said

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

Fill in this information to identify the case:

Debtor name Restorative Brain Clinic, Inc.United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum**
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>117,100.00</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>117,100.00</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>883,069.33</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>21,400.00</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>563,000.00</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>1,467,469.33</u>

Fill in this information to identify the case:Debtor name **Restorative Brain Clinic, Inc.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF MISSOURI**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B
Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest
\$30,000.00

2. Cash on hand**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. Bank of America	Checking	8413	\$0.00
3.2. Bank of America	Checking	2562	\$0.00

4. Other cash equivalents (Identify all)**5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$30,000.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. Insurance co-pays	\$2,100.00
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Debtor **Restorative Brain Clinic, Inc.**

Case number (If known)

Name

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$2,100.00

Part 3: **Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

11. **Accounts receivable**

11b. Over 90 days old:

85,000.00 - 0.00 =....

face amount doubtful or uncollectible accounts

\$85,000.00

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$85,000.00

Part 4: **Investments**

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
- ☐ Yes Fill in the information below.

Part 5: **Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
- ☐ Yes Fill in the information below.

Part 6: **Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes Fill in the information below.

Part 7: **Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
- ☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software Office equipment and misc. holdings includes furniture, 5 large TVs	\$8,000.00	N/A	Unknown

Debtor Restorative Brain Clinic, Inc. Case number (If known) _____
Name

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**
Add lines 39 through 42. Copy the total to line 86.

\$0.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor **Restorative Brain Clinic, Inc.**

Case number (If known)

Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$30,000.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$2,100.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$85,000.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$117,100.00	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$117,100.00

Fill in this information to identify the case:Debtor name **Restorative Brain Clinic, Inc.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF MISSOURI**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Ameris Bank Corp. <small>Creditor's Name</small> 285 S Broad St. Ellaville, GA 31806 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred judgment date 05/26/2020 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien judgment in Jackson County Circuit Court Case No. 1916-CV22821; equipment as collateral Describe the lien unknown Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$80,569.33	\$45,000.00

2.2	Ascentium Capital, LLC <small>Creditor's Name</small> Dressler Peters, LLC 901 E. St. Louis St. Ste. 200 Springfield, MO 65806 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred judgment date 2/11/2020 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Sciex 4500 machine Describe the lien potentially one of the unnamed UCC liens Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$220,000.00	\$180,000.00
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Debtor	Restorative Brain Clinic, Inc.		Case number (if known)	
	Name			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

2.3	Bank of Blue Valley	Describe debtor's property that is subject to a lien	\$22,500.00	Unknown
	Creditor's Name	UCC File Number 1808011812370 All assets of Debtor Without Lender/Secured Party's written approval, Borrower/Debtor/Grantor will not pledge, factor, transfer, sell or in any manner grant a security interest in or any other interest.....		
	11935 Riley Overland Park, KS 66225	Describe the lien		
	Creditor's mailing address	UCC lien		
	Creditor's email address, if known	Is the creditor an insider or related party?		
	Date debt was incurred 08/1/2018	<input checked="" type="checkbox"/> No		
	Last 4 digits of account number	<input type="checkbox"/> Yes		
	Do multiple creditors have an interest in the same property?	Is anyone else liable on this claim?		
	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	As of the petition filing date, the claim is:	Check all that apply		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		

2.4	Brainsway USA Inc.	Describe debtor's property that is subject to a lien	\$270,000.00	\$270,000.00
	Creditor's Name	lease agreement on schedule G - amount remaining on lease for equipment Dispute over accounting on payments for 2019-prsent		
	3 University Plaza, Suite 503 Hackensack, NJ 07601	Describe the lien		
	Creditor's mailing address	unknown		
	Creditor's email address, if known	Is the creditor an insider or related party?		
	Date debt was incurred 10/23/2019	<input checked="" type="checkbox"/> No		
	Last 4 digits of account number	<input type="checkbox"/> Yes		
	Do multiple creditors have an interest in the same property?	Is anyone else liable on this claim?		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	As of the petition filing date, the claim is:	Check all that apply		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input checked="" type="checkbox"/> Disputed		

2.5	CT Lien Solutions	Describe debtor's property that is subject to a lien	Unknown	Unknown
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Debtor <u>Restorative Brain Clinic, Inc.</u> <small>Name</small>	Case number (if known) _____	
Creditor's Name PO Box 3248 Houston, TX 77253-3248	The equipment, personal prooerty and other assets (collectively, 'Property'), financed under, covered by or described in the lease, rental equipment finance agreement or installmetn payment agreement designated as Agreement No 2293501.....	
Creditor's mailing address	Describe the lien UCC Lien 1805291510443	
Creditor's email address, if known	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
Date debt was incurred 05/29/2018 Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		

2.6 CT Lien Solutions <small>Creditor's Name</small>		<u>Unknown</u>	<u>Unknown</u>
PO Box 3248 Houston, TX 77253-3248	The equipment, personal property and other assets (collectively, 'Property'), financed under, covered by or described in the lease, rental equipment finance agreement or installmetn payment agreement designated as Agreement No 2293396		
Creditor's mailing address	Describe the lien UCC Lien #1805291510736		
Creditor's email address, if known	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Date debt was incurred 05/29/2018 Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.			

2.7 De Lage Landen Financial Services, Inc. <small>Creditor's Name</small>		<u>\$150,000.00</u>	<u>Unknown</u>
1111 Old Eagle School Road Wayne, PA 19087	The equipment, personal property and other assets (collectively, "Property"), financed under, covered by or described in the lease, rental, equipment finance agreement or installment payment agreement designated as Agreement No. 2293396....		
Creditor's mailing address	Describe the lien UCC File Number 1805291510736		

Debtor **Restorative Brain Clinic, Inc.**
Name

Case number (if known)

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

05/29/2018

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.8 Round Table Financial**

Creditor's Name

Describe debtor's property that is subject to a lien

UCC File No. 1809131999391**\$140,000.00****Unknown****610 Newport Center Dr.
Ste. 1250
Newport Beach, CA 92660**

Creditor's mailing address

line of credit - invoice factoring

**"All present and future assets of debtor,
wherever located, together with all proceeds"**

Describe the lien

UCC lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

09/13/2018

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$883,069.33**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**Ameris Bank
24 Second Ave. SE
Moultrie, GA 31768**Line **2.1****CT Coproration System
330 N Brand Ave, Ste. 700
Attn: SPRS
Glendale, CA 91203**Line **2.5**

Debtor	Restorative Brain Clinic, Inc.	Case number (if known)	
	Name		
	CT Coproration System	Line	<u>2.6</u>
	330 N Brand Ave, Ste. 700		
	Attn: SPRS		
	Glendale, CA 91203		
	Matthew Duane Stromberg	Line	<u>2.1</u>
	32 Corporate Woods, Ste. 600		
	9225 Indian Creek Parkway		
	Overland Park, KS 66210		
	Menachem Klein, Esq.	Line	<u>2.4</u>
	300 Knickerbocker Rd		
	Cresskill, NJ 07626		

Fill in this information to identify the case:Debtor name **Restorative Brain Clinic, Inc.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF MISSOURI**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Ops Post Office Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$19,300.00	\$19,300.00
	Date or dates debt was incurred 2019	Basis for the claim: 2019 tax liabilities		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Missouri Department of Revenue PO Box 475 Jefferson City, MO 65105-0475	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,100.00	\$2,100.00
	Date or dates debt was incurred 2019	Basis for the claim: 2019 tax returns		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.**Amount of claim**

Debtor Restorative Brain Clinic, Inc.		Case number (if known) _____	
Name _____			
3.1	Nonpriority creditor's name and mailing address ADP 16011 College Blvd. Lenexa, KS 66219 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services performed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,300.00</u>
3.2	Nonpriority creditor's name and mailing address BANK OF AMERICA PO BOX 982238 El Paso, TX 79998-2238 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>overdrafted bank accounts</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,100.00</u>
3.3	Nonpriority creditor's name and mailing address Dr. Hemant Thakur 13425 73rd Ave N Seminole, FL 33776 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>back wages from 2020</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$120,000.00</u>
3.4	Nonpriority creditor's name and mailing address Dr. Mahmoud Wahba 8009 West 113th Terrace Overland Park, KS 66210 Date(s) debt was incurred <u>2/9/2021 judgment entered</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Judgment in Jackson County, Missouri Circuit Court Case No. 1916-CV29449</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$91,600.00</u>
3.5	Nonpriority creditor's name and mailing address Gary Neilsen 14512 Grandview St. Overland Park, KS 66221 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>loan(s) to business</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$40,000.00</u>
3.6	Nonpriority creditor's name and mailing address LHRET Ascension SJ, LLC c/o Troppito Miller Griffin 105 E Fifth St, Ste. 500 Kansas City, MO 64106 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>2116-CV05550 - LHRET ASCENSION SJ, LLC V RESTORATIVE BRAIN CLINIC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$83,000.00</u>
3.7	Nonpriority creditor's name and mailing address Small Business Administration (SBA) District Counsel 220 West Douglas Ave, Ste. 450 Wichita, KS 67202 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PPP loan(s) - Debtor is seeking forgiveness of both loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>

Debtor **Restorative Brain Clinic, Inc.** Case number (if known) _____
Name

3.8	Nonpriority creditor's name and mailing address Thermo Fisher Scientific 168 Third Ave. Waltham, MA 02451 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>goods provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,000.00
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3.9	Nonpriority creditor's name and mailing address William Said 16260 High Drive Stilwell, KS 66085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>loans to business</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$204,000.00
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Julie Anderson 4006 Central Street Kansas City, MO 64111	Line <u>3.4</u> <input type="checkbox"/> Not listed. Explain ____	—
4.2	Ketchmark & McReight, PC 11161 Overbrook Road, Ste. 210 Leawood, KS 66211	Line <u>3.4</u> <input type="checkbox"/> Not listed. Explain ____	—
4.3	United States Attorney 400 E. 9th St, Room 5510 Attn: Civil Process Kansas City, MO 64106	Line <u>3.7</u> <input type="checkbox"/> Not listed. Explain ____	—
4.4	United States Attorney General 950 Pennsylvania Avenue NW Washington, DC 20530	Line <u>3.7</u> <input type="checkbox"/> Not listed. Explain ____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1	5a. \$ 21,400.00
5b. Total claims from Part 2	5b. + \$ 563,000.00
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. \$ 584,400.00

Fill in this information to identify the case:Debtor name **Restorative Brain Clinic, Inc.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF MISSOURI**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest **equipment**

State the term remaining **1 year**

List the contract number of any government contract _____

**Ameris Bank Corp.
285 S Broad St.
Ellaville, GA 31806**

2.2. State what the contract or lease is for and the nature of the debtor's interest **equipment**

State the term remaining **2 years**

List the contract number of any government contract _____

**Ascentium Capital, LLC
Dressler Peters, LLC
901 E. St. Louis St, Ste. 200
Springfield, MO 65806**

2.3. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining **2 years**

List the contract number of any government contract _____

**Brainsway Ltd.
300 Knickerbocker Rd.
Cresskill, NJ 07626**

Fill in this information to identify the case:Debtor name **Restorative Brain Clinic, Inc.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF MISSOURI**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:***2.1 Cox Scientific****C/O William Said
11411 W 87th Terr
Overland Park, KS 66214****Ascentium Capital,
LLC**☒ D **2.2**
☐ E/F _____
☐ G _____**2.2 Cox Scientific****C/O William Said
11411 W 87th Terr
Overland Park, KS 66214****Brainsway USA Inc.**☒ D **2.4**
☐ E/F _____
☐ G _____**2.3 Gary Neilsen****14512 Grandview St.
Overland Park, KS 66221****Ascentium Capital,
LLC**☒ D **2.2**
☐ E/F _____
☐ G _____**2.4 Gary Neilsen****14512 Grandview St.
Overland Park, KS 66221****Brainsway USA Inc.**☒ D **2.4**
☐ E/F _____
☐ G _____**2.5 William Said****16260 High Drive
Stilwell, KS 66085****Dr. Mahmoud Wahba**☐ D _____
☒ E/F **3.4**
☐ G _____

Debtor Restorative Brain Clinic, Inc. Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	William Said	16260 High Drive Stilwell, KS 66085	Ascentium Capital, LLC	<input checked="" type="checkbox"/> D <u>2.2</u>
				<input type="checkbox"/> E/F _____
				<input type="checkbox"/> G _____

2.7	William Said	16260 High Drive Stilwell, KS 66085	Brainsway USA Inc.	<input checked="" type="checkbox"/> D <u>2.4</u>
				<input type="checkbox"/> E/F _____
				<input type="checkbox"/> G _____

Fill in this information to identify the case:

Debtor name Restorative Brain Clinic, Inc.
 United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI
 Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2021 to **Filing Date**

☐ Operating a business
☒ Other Billings

\$260,000.00

For prior year:
From 1/01/2020 to 12/31/2020

☐ Operating a business
☒ Other Billings

\$450,000.00

For year before that:
From 1/01/2019 to 12/31/2019

☐ Operating a business
☒ Other Billings

\$865,000.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2021 to **Filing Date**

PPP money

\$86,000.00

For prior year:
From 1/01/2020 to 12/31/2020

PPP money

\$89,200.00

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

Debtor **Restorative Brain Clinic, Inc.**

Case number (if known)

☒ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
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4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	ASCENTIUM CAPITAL V RESTORATIVE BRAIN ET AL 1916-CV22234	Replevin	Circuit Court of Jackson County, MO	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.2.	Ameris Bank Corp. v. Restorative Brain Clinic et Al. 1916-CV22821	Breach of Contract	Circuit Court of Jackson County, MO	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.3.	MAHMOUD M. WAHBA M.D. V RESTORATIVE BRAIN CLI ET AL 1916-CV29449	Breach of Contract	Circuit Court of Jackson County, MO	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.4.	LHRET ASCENSION SJ, LLC vs. Restorative Brain Clinic 2116-CV05550	Rent and Possession	Circuit Court of Jackson County, MO	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **Restorative Brain Clinic, Inc.**

Case number (if known) _____

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None
Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**
☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
Significant funds stolen by former business manager	none yet	2020-2021	Unknown

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. WM Law, PC 15095 West 116th Street Olathe, KS 66062	Attorney Fees (plus amount available for filing fee)	6/21/2021; 7/8/2021	\$10,000.00
Email or website address bankruptcy@wagonergroup.com			
Who made the payment, if not debtor? Barry Land			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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Debtor **Restorative Brain Clinic, Inc.**

Case number (if known) _____

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer?
Address

Description of property transferred or
payments received or debts paid in exchange

Date transfer
was made

Total amount or
value

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address

Dates of occupancy
From-To

14.1. **1010 Carondelet Dr., Ste. 112
Kansas City, MO 64114**

06/03/2018 - 03/31/2021

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services
the debtor provides

If debtor provides meals
and housing, number of
patients in debtor's care
300

15.1. **Restorative Brain Clinic**

outpatient mental health treatment facility

Location where patient records are maintained (if different from
facility address). If electronic, identify any service provider.
CareParths (cloud storage)

How are records kept?

Check all that apply:

☒ Electronically

☐ Paper

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

☐ No.

☒ Yes. State the nature of the information collected and retained.

**brain measurements (skullcaps), social security numbers, doctor's
notes, private medical information**

Does the debtor have a privacy policy about that information?

☐ No

☒ Yes

Debtor Restorative Brain Clinic, Inc.

Case number (if known) _____

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

Debtor **Restorative Brain Clinic, Inc.**

Case number (if known) _____

- ☒ No.
☐ Yes. Provide details below.

Case title
Case number

Court or agency name and address

Nature of the case

Status of case

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☒ None

Name and address

**Date of service
From-To**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☒ None

Name and address

If any books of account and records are unavailable, explain why

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

- ☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

Debtor **Restorative Brain Clinic, Inc.**

Case number (if known)

- ☒ No
- ☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name

Address

Position and nature of any interest

% of interest, if any

list of shareholders

see Corporate Equity list

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
- ☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
- ☒ Yes. Identify below.

Name and address of recipient

Amount of money or description and value of property

Dates

Reason for providing the value

30.1 William Said
16260 High Drive
Stilwell, KS 66085

\$10,000

1/2021

repayment on loan

Relationship to debtor
president and major
shareholder

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
- ☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
- ☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

Debtor Restorative Brain Clinic, Inc.

Case number (if known) _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on July 13, 2021/s/ William (Bill) Said

Signature of individual signing on behalf of the debtor

William (Bill) Said

Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No☐ Yes

**United States Bankruptcy Court
Western District of Missouri**

In re Restorative Brain Clinic, Inc. Debtor(s) Case No. Chapter 11

VERIFICATION OF MAILING MATRIX

The above-named Debtor(s) hereby verifies that the attached list of creditors is true and correct to the best of my knowledge and includes the name and address of my ex-spouse (if any).

Date: July 13, 2021 /s/ William (Bill) Said
William (Bill) Said/President
Signer/Title

ADP
16011 College Blvd.
Lenexa KS 66219

Ameris Bank
24 Second Ave. SE
Moultrie GA 31768

Ameris Bank Corp.
285 S Broad St.
Ellaville GA 31806

Ascentium Capital, LLC
Dressler Peters, LLC
901 E. St. Louis St, Ste. 200
Springfield MO 65806

BANK OF AMERICA
PO BOX 982238
El Paso TX 79998-2238

Bank of Blue Valley
11935 Riley
Overland Park KS 66225

Brainsway Ltd.
300 Knickerbocker Rd.
Cresskill NJ 07626

Brainsway USA Inc.
3 University Plaza, Suite 503
Hackensack NJ 07601

Cox Scientific
C/O William Said
11411 W 87th Terr
Overland Park KS 66214

CT Coproration System
330 N Brand Ave, Ste. 700
Attn: SPRS
Glendale CA 91203

CT Lien Solutions
PO Box 3248
Houston TX 77253-3248

De Lage Landen Financial Services, Inc.
1111 Old Eagle School Road
Wayne PA 19087

Dr. Hemant Thakur
13425 73rd Ave N
Seminole FL 33776

Dr. Mahmoud Wahba
8009 West 113th Terrace
Overland Park KS 66210

Gary Neilsen
14512 Grandview St.
Overland Park KS 66221

Internal Revenue Service
Centralized Insolvency Ops
Post Office Box 7346
Philadelphia PA 19101-7346

Julie Anderson
4006 Central Street
Kansas City MO 64111

Ketchmark & McReight, PC
11161 Overbrook Road, Ste. 210
Leawood KS 66211

LHRET Ascension SJ, LLC
c/o Troppito Miller Griffin
105 E Fifth St, Ste. 500
Kansas City MO 64106

Matthew Duane Stromberg
32 Corporate Woods, Ste. 600
9225 Indian Creek Parkway
Overland Park KS 66210

Menachem Klein, Esq.
300 Knickerbocker Rd
Cresskill NJ 07626

Missouri Department of Revenue
PO Box 475
Jefferson City MO 65105-0475

Round Table Financial
610 Newport Center Dr.
Ste. 1250
Newport Beach CA 92660

Small Business Administration (SBA)
District Counsel
220 West Douglas Ave, Ste. 450
Wichita KS 67202

Thermo Fisher Scientific
168 Third Ave.
Waltham MA 02451

United States Attorney
400 E. 9th St, Room 5510
Attn: Civil Process
Kansas City MO 64106

United States Attorney General
950 Pennsylvania Avenue NW
Washington DC 20530

William Said
16260 High Drive
Stilwell KS 66085

**United States Bankruptcy Court
Western District of Missouri**

In re **Restorative Brain Clinic, Inc.**

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Restorative Brain Clinic, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

Deana Pugel
8000 W. 127th St.
Overland Park, KS 66213

Mark Osborne
address unknown

☐ None [*Check if applicable*]

July 13, 2021

Date

/s/ Ryan A. Blay

Ryan A. Blay KS-001066

Signature of Attorney or Litigant

Counsel for **Restorative Brain Clinic, Inc.**

WM Law, PC

15095 West 116th Street

Olathe, KS 66062

(913) 422-0909 Fax:(913) 428-8549

bankruptcy@wagonergroup.com